

(Space Above This Line For Recording Data)  
**FILE #: 2009080947**  
**PREPARED BY AND RETURN TO:**  
**Bridgforth & Buntin, PLLC**  
**P.O. Box 241**  
**Southaven, MS 38671**  
**662-393-4450**

**WARRANTY DEED**

**GRANTOR: RANDAL H. DREW, ET UX**  
605 Daisy Drive, DeSoto Texas 75115 (901) 262-9305  
**TO:**

**GRANTEE: LARRY D. COX, ET UX**  
1552 Mason Drive, Hernando, Mississippi 38632 (630) 267-6680

FOR AND IN CONSIDERATION of the sum of Ten Dollars (\$10.00), cash in hand paid, and other good, and valuable considerations, the receipt of all of which is hereby acknowledged, **RANDAL H. DREW AND WIFE, SHERYL L. DREW**, do hereby sell, convey and warrant unto **LARRY D. COX AND WIFE, PEGGY B. COX**, as tenants by the entirety with full rights of survivorship and not as tenants in common, the land lying and being situated in DeSoto County, Mississippi, described as follows, to-wit:

Lot 24, Section A, Creekside Subdivision, situated in Section 17, Township 3 South, Range 7 West, DeSoto County, Mississippi, as per plat thereof recorded in Plat Book 76, Page 10, in the office of the Chancery Clerk of DeSoto County, Mississippi.


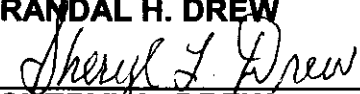
By way of explanation Linda Gail Drew died March 19, 2006.

The warranty in this deed is subject to rights of way and easements for public roads and public utilities, subdivision and zoning regulations in effect; and further subject to all applicable building restrictions and the restrictive covenants of record.

Taxes for the current year have been pro-rated.

Possession is to be given with deed.

WITNESS their signatures this the 27th day of August, 2009.

  
**RANDAL H. DREW**  
  
**SHERYL L. DREW**

STATE OF MISSISSIPPI  
COUNTY OF DESOTO

PERSONALLY appeared before me, the undersigned authority in and for said County and State, on this 27th day of August, 2009, within my jurisdiction, the within named RANDAL H. DREW and wife, SHERYL L. DREW, who acknowledged that they executed the above and foregoing instrument.

My Commission expires:

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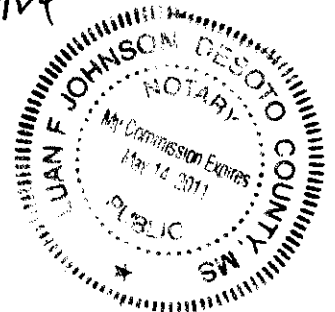
  
NOTARY PUBLIC

Grantor Address & Phone:

605 Klainy Dr  
Desoto, TX 75115  
901-262-9305

Grantee Address & Phone:

1552 Mason Drive  
Hernando, MS  
38632  
630-247-6680



After recording, return to:  
FNF Title Svs, LLC  
6880 Cobblestone Blvd, Ste 2  
Southaven, MS 38672  
(662) 892-6536  
File # S 16467

## STATE OF MISSISSIPPI

MISSISSIPPI STATE DEPARTMENT OF HEALTH  
VITAL RECORDS

TYPE OR PRINT WITH BLACK INK		FILED DATE APR 2 5 2006		CERTIFICATE OF DEATH STATE OF MISSISSIPPI		STATE FILE NUMBER 123-06-007869	
DECEASED  If death occurred in an institution, see HANDBOOK, regarding completion of RESIDENCE name  If RESIDENCE name, enter actual location of home rather than mailing address  PARENTS  INFORMANT  DISPOSITION  PRONOUNCEMENT  CERTIFIER  Cause of Death  Had Decedent been Pregnant within 90 Days prior to Death? <input type="checkbox"/> Yes <input type="checkbox"/> No		1. NAME First Middle Last <b>Linda Gail Drew</b>		2. SEX <b>Female</b>		3a. HOUR OF DEATH <b>4:10p<sup>m</sup></b>	
		3b. DATE OF DEATH (Month, Day, Year) <b>March 19, 2006</b>		4. RACE (Specify White, Black, American Indian, etc.) <b>White</b>		5a. AGE AT LAST BIRTHDAY 5a. AGE AT LAST BIRTHDAY 5b. MOS 5c. DAYS 5d. HOURS 5e. MINS <b>54 Years</b>	
		6. DATE OF BIRTH (Month, Day, Year) <b>April 3, 1951</b>		7a. COUNTY OF DEATH <b>DeSoto</b>		7b. CITY OR TOWN OF DEATH <b>Hernando</b>	
		7c. HOSPITAL OR OTHER INSTITUTION-NAME AND NUMBER (If not in either, give street address, route number or other location) <b>1552 Mason Drive</b>		7d. IF IN HOSP. OR INST. SPECIFY INPT. OUTPT. EMER. RM. OR DOA		8. STATE OF BIRTH <b>Mississippi</b>	
9. DECEDENT'S EDUCATION (Specify only highest grade completed) <b>Elem/High School, College</b>		10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		11. SURVIVING SPOUSE (If wife, give maiden name) <b>Randy Drew</b>		12. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or No) <b>No</b>	
13. ORIGIN OR DESCENT (Specify Cuban, Afro-American, Mexican, etc.) <b>American</b>		14. SOCIAL SECURITY NUMBER <b>362-58-6244</b>		15a. USUAL OCCUPATION (Kind of work done, most of working life) <b>Mechanic</b>		15b. KIND OF BUSINESS OR INDUSTRY <b>Aircraft</b>	
16a. RESIDENCE—STATE <b>Mississippi</b>		16b. COUNTY <b>DeSoto</b>		16c. CITY OR TOWN <b>Hernando</b>		16d. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>	
16e. STREET AND NUMBER OR RURAL LOCATION <b>1552 Mason Drive</b>		17. FATHER—NAME First Middle Last <b>Oliver Bridges</b>		18. MOTHER—NAME First Middle Maiden <b>Grace Engle</b>			
19a. INFORMANT—NAME (Type or print) <b>Randy Drew</b>		19b. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) <b>1552 Mason Drive, Hernando, Ms. 38632</b>					
20a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		20b. CEMETERY, CREMATORY—NAME <b>Hillcrest Memorial Gardens</b>		20c. LOCATION (City and State) <b>Red Bay, Al.</b>		21a. EXAMINER—SIGNATURE AND NUMBER <i>Michael D. Dutton</i>	
21b. FUNERAL HOME—NAME AND MISSISSIPPI I.D. NUMBER <b>Deaton Funeral Home</b>		21c. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) <b>P.O. Box 1202, Red Bay, Al. 35582</b>					
22a. PERSON WHO PRONOUNCED DEATH—NAME AND TITLE (Type or print) <b>Diane Price R.N.</b>		22b. PRONOUNCED DEAD (Month, Day, Year) <b>ON March 19, 2006</b>		22c. PRONOUNCED DEAD (Hour) <b>AT 4:10p<sup>m</sup></b>			
23a. CERTIFIER—NAME (Type or print) <b>Jeffery Pounders</b>		23b. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) <b>4942 Pounders Rd. Nesbit, Ms. 38651</b>					
24a. To the best of my knowledge, death occurred due to the cause(s) and manner as stated. SIGNATURE <i>Jeffery Pounders</i> MD		24b. DATE SIGNED (Month, Day, Year) <b>March 27, 2006</b>		24c. STATE LICENSE NUMBER		24d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or print)	
24e. On the basis of examination and/or investigation, in my opinion, death occurred due to the cause(s) and manner as stated. SIGNATURE <i>Jeffery Pounders</i> MD		24f. DATE SIGNED (Month, Day, Year) <b>March 27, 2006</b>		24g. TITLE <b>DeSoto CMEI</b>		24h. DATE SIGNED (Month, Day, Year)	
25. PART I: IMMEDIATE CAUSE (Enter one cause only) (a) <b>Adenocarcinoma</b>		25b. DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only): (b)		25c. DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only): (c)		Interval between onset and death	
26. PART II: OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in PART I		27. AUTOPSY (Yes or No) <b>No</b>		28. WAS CASE REFERRED TO MEDICAL EXAMINER? (Yes or No) <b>Yes</b>			
29a. ACCIDENT, SUICIDE, HOMICIDE, PENDING INVESTIGATION, OR UNDETERMINED (Specify) <b>Use if death NOT due to natural causes</b>		29b. DATE OF INJURY (Month, Day, Year)		29c. HOUR OF INJURY		29d. DESCRIBE HOW OR BY WHAT MEANS INJURY OCCURRED	
29e. INJURY AT WORK (Yes or No)		29f. PLACE OF INJURY (Specify Home, Farm, Street, Factory, Office building, etc.)		29g. LOCATION Street or route number City or town State			

THIS IS TO CERTIFY THAT THE ABOVE IS A TRUE AND CORRECT COPY OF THE CERTIFICATE ON FILE IN THIS OFFICE

**Brian W. Amy, MD, MHA, MPH**  
**STATE HEALTH OFFICER**

APR 26 2005

**Judy Moulder**  
**STATE REGISTRAR**

**WARNING:**

A REPRODUCTION OF THIS DOCUMENT RENDERS IT VOID AND INVALID. DO NOT ACCEPT UNLESS EMBOSSED SEAL OF THE MISSISSIPPI STATE BOARD OF HEALTH IS PRESENT. IT IS ILLEGAL TO ALTER OR COUNTERFEIT THIS DOCUMENT.

THE FACE OF THIS DOCUMENT HAS A COLORED BACKGROUND IN WHITE PAPER - THIS IS DATED 1968-1969 - A LOT OF IT VARIOUS FIRST HOLLER, TO LIGHT TO GLADY WATERMARK